

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>							SERIAL NO. <b>09801614</b>	FILING DATE <b>03/06/01</b>		
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
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50										
TOTAL IND.	9									
TOTAL DEP.	21									
TOTAL CLAIMS	30									
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS										